

**TRAVEL EXPENSE CLAIM**

-CIVILCODE SECTION 1798.17

STD. 262 (Rev 6/93) DMH-001

Page 1 of 1

CLAIMANT'S NAME <b>Stephen W. Mayberg</b>			SSN OR EMPLOYEE NUMBER* <b>461-500-1641-001</b>			DEPARTMENT <b>Mental Health</b>		
POSITION <b>Director</b>		CBID <b>E99</b>		DIVISION OF BUREAU <b>Director's Office</b>			INDEX NUMBER <b>461-500</b>	
RESIDENCE ADDRESS* <b>on file</b>				HEADQUARTERS ADDRESS <b>1600 Ninth Street</b>				TELEPHONE NUMBER <b>654-2309</b>
CITY <b>Sacramento</b>		STATE <b>CA</b>		CITY <b>Sacramento</b>		STATE <b>CA</b>		ZIP CODE <b>95814</b>

(1) MNTH/YR Sept. 2009		(3)  LOCATION  WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
(2)  DATE	TIME			BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D)  PRIVATE CAR USE  MILES    AMOUNT			
9/9	1200	Napa	123.27			18.00			pc		73	40.15		181.42
9/10			123.27			18.00	6.00							147.27
9/11	1400	return		6.00	10.00				pc		73	40.15		56.15
9/12	1000 1945	Rutherford return							pc		170	93.50		93.50
9/17	0615 2000	Los Angeles return				18.00		*305.20	pc/ca		45	24.75		356.95
9/26	0815	Los Angeles	135.77		10.00			*214.20 45.00	pc/ca cab					404.97
9/27	1535	return		6.00						18.00	45	24.75		48.75
			382.31	12.00	20.00	54.00	6.00	564.40		27.00		223.30		1289.01
COL CODE (Acctg Use Only)														

**(Less Direct Pay) Reimbursement Request:****769.61**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

9/9-11 - Director to present and attend the California Mental Health Policy Forum in Napa.  
 9/12 - Director spoke at the annual Staglin mental health event in Rutherford.  
 9/17- Director to attend the Child Welfare Council meeting in Los Angeles.  
 9/26- Director to present at the Annual Eagle & Badge Awards in Los Angeles.

\* Direct pay

(12) Normal Work Hours  
8:00 a.m. to 5:00 p.m.

(13) Pvt Vehicle License #

On file




(14) Mileage Rate Claimed

# ### 0.55

ONLY

Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 			DATE